



HEALTH PROFILE: ERITREA

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	60,000
Total Population (2004)	3.6 million
Adult HIV Prevalence (end 2003)	2.4%
HIV-I Seroprevalence	
Population most at risk (i.e., sex workers and the military)	22.8%**, 4.6%†
Population least at risk (i.e., secondary school students)	0.1%*

**sex workers, *students, †Military.

Sources: UNAIDS, 2001 Ministry of Health Study, 2003 ANC Sentinel Surveillance

Eritrea is Africa's youngest independent nation. The first case of AIDS was reported in the port city of Assab in 1988 and, in 2003, an estimated 6,300 people died of AIDS-related illnesses. In addition, AIDS has risen from the tenth (in 1990) to the first cause of hospital inpatient deaths.

Based on the latest round of HIV serosurveillance conducted among antenatal attendees in 2003, the overall national adult HIV seroprevalence is 2.4%. The cumulative number of AIDS cases reported in Eritrea exceeded 17,000 by the end of 2003. Approximately 70% of reported cases are among young adults aged 20 to 39 years, and approximately 5% are among children under age 15. The majority of AIDS cases are reported in urban centers, including Asmara (49%), Massawa (6%), and Keren (3%). Members of the Eritrean Defense Forces accounted for 26% of the reported AIDS cases in 2000.

Whereas the overall prevalence of HIV in Eritrea appears to be stable or advancing slowly, there is considerable concern about young, unmarried people living in urban areas, where HIV prevalence is estimated to be between 5% and 10%. HIV prevalence is highest in the Southern Red Sea and Maekel regions, with rates of 7.2% and 3.6%, respectively. The epidemic appears to affect people living in urban areas considerably more than those in rural areas. In 2003, for example, HIV prevalence was 3.3% among urban pregnant women seeking care at antenatal clinics and 0.9% among women attending clinics in rural areas. Infection rates in 2003 were high among younger women (2.7% and 3.6% among women aged 20–24 and 25–29, respectively).

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other sources, Eritrea faces the risk of a rapidly expanding HIV/AIDS epidemic in the next few years. Reasons for concern include the high proportion of Eritreans 18–40 years of age in the armed forces and the eventual demobilization of 200,000 national service recruits. UNAIDS also cites as concerns the internal population displacement, economic vulnerability, high levels of denial at all levels of the population, and significant stigma and discrimination against persons living with HIV/AIDS and their families.

NATIONAL RESPONSE

The first five-year plan for HIV/AIDS was developed in 1997, and HIV/AIDS and sexually transmitted infections (STIs) policies and guidelines were

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adopted in 1998. In late 2002, the Ministry of Health (MOH) analyzed the HIV/AIDS/STI situation and led a multisectoral effort to develop the National Strategic Plan for HIV/AIDS/STIs for the period 2003–2007. The MOH reorganization in 2003 upgraded the National AIDS Control Program to the National HIV/AIDS/STI and Tuberculosis Control Division.

The MOH, with its partners, has led a comprehensive response to the HIV/AIDS epidemic in Eritrea. Prevention activities have included behavior change communications, advocacy, counseling and testing, condom promotion and distribution through government outlets and social marketing, blood screening, and STI prevention and control. The MOH has led efforts to provide care, support, and counseling for persons living with HIV and AIDS and those affected by the epidemic, especially children and orphans. In addition, the MOH is working to improve the medical management of HIV/AIDS by training health care providers in HIV/AIDS/STI diagnosis and care. In 2003, the MOH piloted the introduction of antiretroviral drugs for the prevention of mother-to-child transmission of HIV, for post-exposure prophylaxis in health facilities, and for the treatment of HIV/AIDS in selected cases. The MOH is currently in the process of expanding these initiatives nationwide. In 2004, the MOH issued revised guidelines for the clinical management of HIV/AIDS, including new policy, implementation guidelines, and plans for making available antiretroviral treatment.

In 2001, Eritrea signed a \$40 million credit agreement with the World Bank to finance the HIV/AIDS, Malaria, STIs and Tuberculosis (HAMSET) Project.

The HAMSET Project is a long-term, multisectoral, multilevel program that is being implemented through the collaborative efforts of numerous government ministries, nongovernmental organizations, and other partners, with the MOH as the coordinating body. In 2004, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) approved Eritrea's proposal [written with technical support from the U.S. Agency for International Development (USAID)] and made the first disbursement of \$3.7 million as part of a five-year, \$17.3 million grant to fund HIV/AIDS prevention, care, and support activities.

Eritrea faces several challenges in stemming the HIV/AIDS epidemic while simultaneously struggling with other urgent issues, such as poverty, drought, and the effects of war. A significant proportion of its population has been displaced internally, and others fled to Ethiopia and Sudan. These populations and the national service and military recruits—estimated at approximately 250,000 mostly young people—may return to Eritrea when the border issue is resolved. Health experts fear these population shifts could fuel a rapid rise in HIV infection.

USAID SUPPORT

The United States provides Eritrea with more than \$5 million per year in development assistance for health activities, nearly half of which is for HIV/AIDS. USAID manages most of this assistance. The U.S. Department of Defense also provides funds for interpersonal communications activities to help prevent HIV/AIDS among Eritrea's military.

In 2000, USAID allocated \$0.5 million for HIV/AIDS activities. This figure has risen steadily since, to \$1.5 million in 2001, \$1.8 million in 2002, and \$2.3 million in 2004 and 2005. The goal of USAID's health assistance program in Eritrea is to increase the use of primary health and HIV/AIDS services and to improve health behavior, with the aim of improving maternal and child health and preventing HIV/AIDS at an early stage. Specifically, USAID supports capacity building and technical assistance activities to expand and improve behavior change communications, counseling and testing services, HIV surveillance, and condom marketing for HIV prevention.

USAID supports activities in the following areas:

Behavior change communications

USAID/Eritrea has supported the development and implementation of the national HIV/AIDS behavior change communications strategy entitled *Winning Through Caring*. Activities include community sensitization campaigns, mass media campaigns, the development of a radio soap opera, as well as posters, leaflets, stickers, and billboards. An estimated 30,000 Eritreans are being reached through peer education discussion groups organized at the community level. Other activities undertaken with the support and technical assistance of USAID/Eritrea include mobile video unit presentations, concerts, drama performances, school debate events and essay contests, production of a popular television program that discusses health issues, and celebrity television spots promoting HIV/AIDS prevention.

Advocacy

USAID has worked closely with UNAIDS and the U.S. Embassy Public Affairs Office to promote HIV/AIDS awareness through study tours and in-country events, including presentations by a photojournalist, a traditional storyteller, and a U.S. citizen living with AIDS who is active in faith-based and business community HIV efforts. In collaboration with UNAIDS, USAID sponsored an Ambassadors of Hope Mission in November 2000, through which Ugandan HIV activists met with thousands of Eritreans, from cabinet ministers to frontline troops, to alert them to the threat of HIV/AIDS. The U.S. Embassy and USAID have an active HIV and AIDS workplace prevention program to inform employees about HIV and AIDS, distribute condoms, and make appropriate referrals for people who need additional resources.

In September 2002, USAID supported training for 85 members of the Interfaith Committee, representing the Catholic, Eritrean Orthodox, Evangelical Church of Eritrea, and Muslim communities, on incorporating HIV prevention into their programs. The committee released a joint statement supporting HIV-prevention activities in Eritrea and urging that “HIV/AIDS needs its own emergency response with a proper national strategic plan in concert with other concerned bodies in Eritrea and by our churches.” One highly visible and effective result of advocacy efforts directed toward religious leaders is the agreement among them to insist on confidential HIV testing by both members of a couple before carrying out a marriage ceremony.

In May 2003, USAID conducted an advocacy stakeholders’ analysis and will develop and implement a full advocacy strategy as part of the overall behavior change communication strategy.

Capacity building

USAID/Eritrea provides training and technical support to the National AIDS and TB Control Division and the Ministry of Health to strengthen capacity to provide technical and policy guidance on HIV/AIDS activities. With USAID support, long-term technical advisors work side-by-side with MOH staff to develop systems and build capacity for prevention and for care and support programs. With USAID support, the MOH conducted an STI situation analysis in 2003 and a comprehensive HIV/AIDS and STI situation and response analysis in 2002–2003; reestablished HIV antenatal sentinel surveillance in Eritrea during 2003; and developed skills, systems, and documentation for comprehensive care and support of people living with HIV/AIDS, including antiretroviral therapy. In addition, USAID/Eritrea has begun to strengthen the capacity and technical skills of the MOH and its partners to conduct behavioral surveillance of vulnerable groups (e.g., sex workers and their clients), track trends, monitor interventions, and periodically assess the status of the epidemic.

Counseling and testing

USAID/Eritrea has provided technical support and training to establish counseling and testing in 39 hospitals and other health facilities and in six freestanding counseling and testing centers in Eritrea. More than 120 counselors have been trained, including trainers of trainers and supervisors of counselors. In addition, there is now in place a functioning system for initial training, refresher training, and a network of counselor supervisors. With technical assistance from USAID/Eritrea, the HIV testing guidelines were revised and now provide for same-day HIV test results to facilitate counseling and testing.

Condom social marketing

Since 1997, USAID/Eritrea has supported the Eritrean Social Marketing Group (ESMG) to implement a national HIV/AIDS prevention condom social marketing program. Sales of *Abusalama*-brand condoms were launched in 1998, and 25 million condoms had been sold as of February 2005. The ESGM was the first organization permitted to distribute condoms outside of traditional pharmaceutical outlets. Sales points now include more than 3,000 bars, hotels, kiosks, nightclubs, and condom vending machines located around the country, particularly in areas frequented by individuals most at risk. This program has made condoms affordable and widely available. The ESGM HIV/AIDS prevention activities also include messages that promote abstinence and fidelity.

Working with most-at-risk populations

USAID/Eritrea has supported activities that help to strengthen HIV education, counseling and testing, and STI services for sex workers. USAID/Eritrea has provided technical support to raise awareness and build consensus about the need for sex-worker-focused interventions. USAID support promotes evidence-based programming that addresses the special needs of women who engage in sex work. USAID supported the 2004 behavior surveillance study, as well as associated qualitative studies on sex workers in Eritrea.

Military

In collaboration with UNAIDS and the U.S. Department of Defense, USAID/Eritrea has assisted the Eritrean Defense Forces (EDF) to develop its HIV counseling capacity and to promote counseling and testing services among military personnel. The EDF has trained health workers and others as counselors to meet the increasing demand for counseling and testing among military personnel, and has introduced a condom pouch as part of the standard military uniform for both men and women soldiers to increase the availability of condoms. USAID/Eritrea has supported efforts to provide effective and widespread behavior change communications in the EDF, including interpersonal communication, mass media, and the development and production of pamphlets, posters, and other print materials specifically focused on military populations.

Youth

Since the border war with Ethiopia in 1998–2000, the majority of men 18–40 years of age and many young women are serving in the military or the national service. Therefore, preventive efforts by the military are also important for protecting young people from HIV. USAID/Eritrea has helped to support HIV/AIDS education through the youth centers and community activities of the National Union of Eritrean Youth and Students. USAID/Eritrea also supported the United Nations Children's Fund in the development of a life-skills curriculum for schools that will provide basic information about health, hygiene, and reproductive health, including HIV/AIDS/STI education.

Care and support

USAID has supported the development of the full continuum of care for people living with and affected by HIV/AIDS in Eritrea. This includes technical support for the establishment of the MOH's Care and Support Office, which provides oversight and guidance to community-based and religious organizations that provide home-based care.

USAID/Eritrea sponsored consultations by experts living with AIDS for the establishment of *Bidho* (meaning "challenge" in Tigrigna), the first Eritrean association of people living with and most affected by HIV/AIDS. The organization conducts workshops and training courses, and facilitates support groups to educate people about HIV/AIDS. *Bidho* and the National Union of Eritrean Youth and Students plan to set up an HIV/AIDS information and referral telephone hotline.

USAID/Eritrea has provided leadership and technical assistance in developing the technical skills and systems for the provision of comprehensive care for people living with HIV/AIDS, including positive living for those who are HIV-positive and well, prophylaxis against opportunistic infections, early detection and treatment of opportunistic infections and other HIV-related conditions, and, most recently, preparations for the introduction of antiretroviral therapy in Eritrea.

IMPORTANT LINKS AND CONTACTS

USAID HIV/AIDS Web site for Eritrea:

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/eritrea_profile.pdf

Web site: <http://www.usaid.gov/missions/er/>

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For more information, see: http://www.usaid.gov/our_work/global_health/aids